

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 117042	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51
2	1						52
3	1						53
4	2						54
5	2						55
6	2						56
7	3						57
8	3						58
9	2						59
10	1						60
11	1						61
12	1						62
13	1						63
14	2						64
15	2						65
16	2						66
17	3						67
18	3						68
19	1						69
20	1						70
21	1						71
22	1						72
23	1						73
24	1						74
25	1						75
26	1						76
27	1						77
28	3						78
29	3						79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	12	↓		↓		↓	
TOTAL DEP.	35	←		←		←	
TOTAL CLAIMS	47						

BEST AVAILABLE COPY